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PTO/SB/21 (03-03)
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/767,824	
	Filing Date	January 29, 2004	
	First Named Inventor	Cooperstone et al	
	Group Art Unit		
	Examiner Name		
Total Number of Pages in this Submission	5	Attorney Docket Number	AM-101305USA

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 4-References
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	HOWSON AND HOWSON Cathy A. Kodroff
Signature	<i>Cathy A. Kodroff</i>
Date	May 11, 2004

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450 on this date:

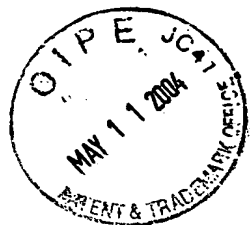
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AM-101305USA

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appln. No. : 10/767,824 Confirmation No. :
Applicant : Cooperstone et al
Filed : January 29, 2004
Art Unit :
Examiner :
Customer No. : 38199
Title : METHOD OF TREATING HEPATIC FIBROSIS

Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Sir:

Applicant submits to the Examiner the attached Form PTO/SB/08A/B document listing and this paper pursuant to 37 CFR § 1.56 and § 1.97-1.98. Form PTO/SB/08A/B is attached and a copy of the documents are enclosed herewith. This Information Disclosure Statement is submitted after three months from the filing date of this application and before the receipt of a first Office Action on the merits. Therefore, no fees are believed due.

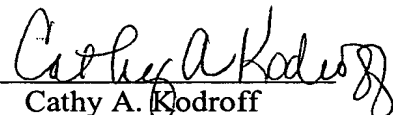
The Director is hereby authorized to charge any deficiency in any fees due with the filing of this paper or credit any overpayment in any fees to our Deposit Account Number 08-3040.

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The Examiner is respectfully requested to consider the enclosed documents identified in this paper and in the attached Form PTO/SB/08A/B during the course of examination of this application.

Respectfully submitted,

HOWSON AND HOWSON
Attorneys for Applicant

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Substitute for form 1449/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(Use as many sheets as necessary)</i>				Complete if Known		
				Application Number	10/767,824	
				Filing Date	January 29, 2004	
				First Named Inventor	Cooperstone et al	
				Group Art Unit		
				Examiner Name		
Sheet	2	of	2	Attorney Docket Number	AM-101305USA	

OTHER PRIOR ART-NONPATENT LITERATURE DOCUMENTS			
Examiner Initials*	Cite No. ¹	Include the name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item, (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), coloumeousse number(s), publisher, city and/or country where published	T ²
	EE	SHIBATA ET AL , Establishment of an Immortalized Human Hepatic Stellate Cell Line to Develop Antifibrotic Therapies, Cell Transplantation, Vol. 12, pp. 499-507, (2003)	
	FF	FRIEDMAN ET AL , The Virtuosity of Hepatic Stellate Cells, Gastroenterology, Vol. 117, No. 5, pp. 1244-1246, (November 1999)	
	GG	ZHU ET AL , Rapamycin Inhibits Hepatic Stellate Cell Proliferation in Vitro and Limits Fibrogenesis in an In Vivo Model of Liver Fibrosis, Gastroenterology 117, 5, pp. 1198-1204, (November 1999)	

Examiner Signature		Date Considered	
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* EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.
¹ Applicant's unique citation designation number (optional). ² Applicant is to place a check mark here if English language Translation is attached.
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